

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application For A Class C

Non-emergency Certificate

From Tommy Greene JR. dba

Tommy's Transportation LLC

(Please type or print)

Submitted by: TOMMY Greene JR.Telephone: 803-236-1137Address: 57 Jonathan St.

Fax: _____

Sumter, SC 29150

Other: _____

Email: Tommy Greene 89@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☐ Application - Class C Charter☐ Application - Class C Charter Bus☒ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other: _____

RECEIVED
JUN 04 2019
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 5-29-19

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. TOMMY'S Transportation LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

57 Jonathan St. Sumter, SC 29150

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

803-236-1137

Phone

NA

Fax

Tommy Greene 89@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	0.00	Mortgage/Loan on Real Estate	0.00
Value of Motor Vehicles	19,000.00	Loans Owed on Motor Vehicles	12,000.00
Cash on Hand	100.00	Business/Other Loans Owed	0.00
Cash in Bank	500.00	Other Liabilities or Debts	0.00
Value of Other Assets and Equipment	0.00	Total Liabilities	12,000.00
Total Assets	19,600.00		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

TOMMY'S Transportation LLC

MY Rates is \$15.00 per Trip one way.

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|--|---------------------------------------|--|--|--|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input checked="" type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input checked="" type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input checked="" type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input checked="" type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
dodge	2006 Grand	1D4GP24R16B634903	4095	No
dodge	2011 Grand	2D4RN3D60BR721554	4510	No
CHRY	1999 LX/LX1	1C4GP54L1XB818217	4190	Yes

INSURANCE QUOTE

This form **MUST BE COMPLETED**.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Tommy Greene JR. - Tommy's Transportation

Name of Applicant

57 Jonathan St. Sumter, SC 29150

Address of Applicant

Amount of Premium:

Liability Insurance \$ 7,800 +

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000	
Medical Payments per Person	\$ 1,000	

Hospitality Insurance Agency LLC

Name of Insurance Company

2843-A West Palmetto St. Florence SC 29801

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

**SCU**

A CRC GROUP COMPANY

PO Box 2576
Sumter, SC 29151Phone: 803-469-7475
800-833-4684
Fax: 877-535-4331Underwriter: Sharolyn Ellis
Email: sellis@scui.com**QUOTATION****Date: 6/3/2019**Al Pritchard
Gamecock Financial Services
640 Bultman Drive
Sumter

SC 29150

RE: Tommy's Transportation LLC

New quote offer for #201963247400 with proposed effective date of 6/3/2019.

Al Pritchard

We are pleased to confirm the attached quotation for the above risk being offered with: **Columbia Insurance Company**
 This carrier is Admitted in the state of SC.
 Please note that this quotation is based on the coverage, terms and conditions as states in the attached quotation, which may be different from those requested in your original submission. As you are the representative of the Insured, it is incumbent upon you to review the terms of this quotation carefully with your Insured, and reconcile any differences from the terms requested in the original submission. Southern Cross Underwriters, Inc. disclaims any responsibility for your failure to reconcile with the Insured any differences between the terms quoted as per the attached and those terms originally requested. The attached quotation may not be bound without a fully executed Southern Cross brokerage agreement. Specimen forms available upon request

Should coverage be elected as quoted per the attached, Premium and Commissions are as follow:

Total	9,706.00	Agency Commission	10%
Premium	\$9,706.00		

The Insurance Carrier indicated in this quotation reserves the right, at its sole discretion, to amend or withdraw this quotation if it becomes aware of any new, corrected or updated information that is believed to be a material change and consequently would change the original underwriting decision.

Please review Quote carefully as Terms and conditions May differ from application and/or requests
NEED YOUR ORDER TO BIND AND ISSUE! QUOTE VALID FOR 30 DAYS

Quote Number 201963247400FM

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Columbia Insurance Company

National Fire & Marine Insurance Company

National Liability & Fire Insurance Company

National Indemnity Company

National Indemnity Company of the South

National Indemnity Company of Mid-America

Public & Special Types Application

Review the application for accuracy. * denotes information that needs to be completed.

1. Policy Term 06/03/2019 - 06/03/2020
2. Named Insured Tommy's Transportation LLC
- * 3. DBA _____
4. Entity Type ☐ Individual ☐ Partnership ☒ Corporation ☐ Other _____
- * 5. Business Phone Number _____ Email Address _____
- * 6. Mailing Address _____ Website _____
- * 7. City _____ State SC Zip _____
- * 8. Premises Address _____
- * 9. City _____ State _____ Zip _____
- * 10. ☐ Yes ☐ No Have you ever had insurance with one of the companies listed above?

Coverages	
Liability	\$1,000,000 Combined Single Limit
Uninsured Motorist	\$75,000 Combined Single Limit
Underinsured Motorist	\$75,000 Combined Single Limit

Medical Payments	\$1,000
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Operations

- * 11. Business Description _____
- * 12. Vehicle Usage _____
- * 13. ☐ Yes ☐ No New Venture? Years experience _____
- * 14. ☐ Yes ☐ No Is this your primary business? If no, explain _____
15. ☒ Yes ☐ No Is your business for hire/for profit? _____
- * 16. Gross receipts last year _____ Estimate for coming year _____
17. ☐ Yes ☐ No Do you operate in more than one state? If yes, list states _____
- * 18. What is the largest city entered? _____
- * 19. ☐ Yes ☐ No Is the transportation of people your primary business?
- * 20. ☐ Yes ☐ No Are vehicles leased to drivers?
- * 21. ☐ Yes ☐ No Do you transport physically disabled individuals? If yes, what percentage of the time? _____
- * 22. ☐ Yes ☐ No Are vehicles equipped with a fare box or meter? If yes, which vehicles? _____
- * 23. ☐ Yes ☐ No Do you have a scheduled route? _____
- * 24. ☐ Yes ☐ No Do you ever transport unscheduled passengers? _____

Ambulance and Medical Transportation

25. ☐ Yes ☐ No Do autos without lights and sirens have lifts, ramps or wheelchair tie downs? If yes, which autos? _____
26. ☐ Yes ☐ No Are any autos operated 24 hours per day? If yes, which autos? _____
27. ☐ Yes ☐ No Are you the primary response unit for emergency (911) calls? _____
28. What percent of your ambulance dispatches are Emergency (Code 3 or 4)? _____
29. What percent of your ambulance dispatches are Non-Emergency (Code 1 or 2)? _____

Driver Training

30. ☐ Yes ☐ No Is operation part of a school curriculum?
31. ☐ Yes ☐ No Is class room instruction given?
32. ☐ Yes ☐ No Are autos equipped with dual controls? If no, which autos do not have dual controls? _____

Loss Experience

- * 33. ☐ Yes ☐ No Have you ever been declined, canceled or non-renewed for this kind of insurance? If yes, explain _____
- * 34. ☐ Yes ☐ No Have you previously had commercial auto insurance? If yes, name of prior insurance company _____
- * Number of accidents in the past 3 years _____
- * Include loss runs or provide details of losses _____

M-5689 (02/2012)

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NICO-Rate for South Carolina

Columbia Insurance Company

Account Summary For Tommy's Transportation LLC



Quote #: 9516737

Status: Pending

Policy Type: AP

Originally Quoted: 6/03/2019 12:11 PM EDT
 Quote Printed: 6/03/2019 2:48 PM EDT
 Proposed Effective: 6/03/2019 12:00 AM EDT
 Proposed Expiration: 6/03/2020 12:00 AM EDT

Quoted By: Sharolyn Ellis
 CRC Insurance Services, Inc.
 20 Wesmark Court
 Sumter, SC 29150

sellis@scui.com

DOT #: Unknown
 MC #: Unknown

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	1,000,000 CSL	7,514
7	UM - BIPD	75,000 CSL	502
7	UIM - BIPD	75,000 CSL	502
7	Medical Payments	1,000	178
7	Physical Damage	See Specific Unit	1,010
	Total Ins Value	7,000	

Total \$9,706.00

Revision: 71SC2019R02

Vehicle Information

NICO-Rate Version: 8.6.0.72

Unit

1 2006 DODGE CARAVAN
 Comp/Coll \$7,000
 Radius: Up to 50 Miles

Liability	UM	UIM	Med Pay	Phys Dam	Cargo/ In-Tow	All/Lessor	Unit Sub Total
7,514	502	502	178	1,010	N/A	N/A	9,706

Deductible: 500/1,000

NI National
 Indemnity
 Company
 Since 1940

Exhibit Fit, Willing, and Able (FWA)

Tommy Greene JR DBA Tommy's Transportation LLC
Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.
☒ Yes ☐ No
2. Applicant understands that drivers must be in compliance with all OSHA regulations.
☒ Yes ☐ No
3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.
☒ Yes ☐ No
4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.
☒ Yes ☐ No
5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.
☒ Yes ☐ No
6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.
☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Jeff Moore
Applicant's Signature

OWNER
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

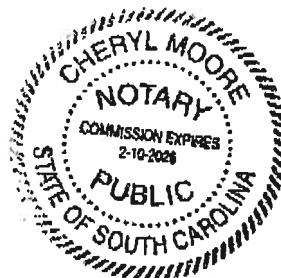
COUNTY OF Sumter)

SWORN TO BEFORE ME

This 03 day of June, 20 19

Cheryl Moore
Notary Public

Commission Expires 2-10-2026



Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Tommy's transportation llc, a limited liability company duly organized under the laws of the State of South Carolina on November 19th, 2018, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 15th day
of May, 2019.

Mark Hammond
Mark Hammond, Secretary of State